



IAP03Rec'd PCT 09 JUL 2009

PTO/SB/21 (12-97)

Approved for use through 9/30/00. OMB 0651-0031

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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**TRANSMITTAL
FORM**

(to be used for all correspondence after initial filing)

| | |
|--|--|
| Application Number | 10/591,223 |
| Confirmation Number | |
| Filing Date | with an effective filing date of March 2, 2005 |
| First Named Inventor | Roger John LEACH |
| Group Art Unit | 1794 |
| Examiner Name | Prashant J. Khatri Fax: (571) 273-8300 |
| Total No. of Pages in this Submission:21 | Attorney Docket Number COLGRA P68AUS |

ENCLOSURES (check all that apply)

| | | |
|--|---|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form [1] (in Duplicate) <input checked="" type="checkbox"/> Fee attached - Check \$691.00 <input checked="" type="checkbox"/> Amendment/Response [16] <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request [1] (in Duplicate) <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Stmt <input type="checkbox"/> <input type="checkbox"/> Certified Copy of Priority <input type="checkbox"/> Document(s) <input type="checkbox"/> Response to Missing Part/s Incomplete Application <input type="checkbox"/> <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Assignment papers <input type="checkbox"/> (for an Application) <input type="checkbox"/> Drawing(s) --Annotated Sheet(s) ... <input type="checkbox"/> Replacement Sheet(s) ... <input type="checkbox"/> <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> <input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition (DELETED - no longer useful) <input type="checkbox"/> To Convert a Provisional Petition ... <input type="checkbox"/> <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address . <input type="checkbox"/> <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> <input type="checkbox"/> Small Entity Statement <input type="checkbox"/> <input type="checkbox"/> Request for Refund <input type="checkbox"/> | <input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> <input type="checkbox"/> Proprietary Information <input type="checkbox"/> <input type="checkbox"/> Status Letter <input type="checkbox"/> <input checked="" type="checkbox"/> Additional Enclosure(s) (please identify below): Postcard |
|--|---|--|

REMARKS

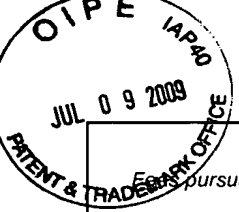
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

| | | |
|-------------------------|---|--|
| Firm or Individual Name | Jay S. Franklin DAVIS & BUJOLD, P.L.L.C. | Reg. No. 54,105 CUSTOMER NO. 020210 |
| Signature | | |
| Date | June 29, 2009 | |

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450 on June 29, 2009

| | | |
|-----------|--|---------------------------|
| Signature | | Date: June 29, 2009 (amp) |
|-----------|--|---------------------------|



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Effective on 12/08/2004.

Pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL For FY 2008

☒ Applicant claims small entity status. See 37 CFR 1.27

Complete if Known

Application No.
Filing Date
First Named Inventor
Examiner Name
Art Unit

10/591,223
with an effective filing date of
March 2, 2005
Roger John LEACH
Prashant J. Khatri
1794

TOTAL AMOUNT OF PAYMENT: \$ 691.00

Attorney Docket No.

COLGRA P68AUS

METHOD OF PAYMENT (check all that apply)

☒ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____

☒ Deposit Account Deposit Account Number 04-0213 Deposit Account Name: DAVIS & BUJOLD, P.L.L.C.

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

- ☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, **except for the filing fee**
☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on the this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

| Application Type | FILING FEES | | SEARCH FEES | | EXAMINATION FEES | | Fees Paid (\$) |
|------------------|-------------|-----------------------|-------------|-----------------------|------------------|-----------------------|----------------|
| | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | |
| Utility | 330 | 165 | 540 | 270 | 220 | 110 | |
| Design | 220 | 110 | 100 | 50 | 140 | 70 | |
| Plant | 220 | 110 | 330 | 165 | 170 | 85 | |
| Reissue | 330 | 165 | 540 | 270 | 650 | 325 | |
| Provisional | 220 | 110 | 0 | 0 | 0 | 0 | |

2. EXCESS CLAIM FEES

| Fee Description | Fee (\$) | Small Entity Fee (\$) |
|--|----------|-----------------------|
| Each claim over 20 (including Reissues) | 52 | 26 |
| Each independent claim over 3 (including Reissues) | 220 | 110 |
| Multiple dependent claims | 390 | 195 |

Total Claims 22 -20 or HP = Extra Claims 1 x Fee (\$) \$26 = Fee Paid (\$) \$26 Multiple Dependent Claims Fee (\$) Fee Paid (\$)

Indep. Claims 5 -3 or HP + Extra Claims 1 x Fee (\$) \$110 = Fee Paid (\$) \$110

HP = highest number of independent claims paid for, if greater than 3. 07/10/2009 TL0022 00000038 10591223

01 FC:2615
02 FC:2614

26.00 OP
110.00 OP

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets _____ -100 = _____ Extra Sheets _____ / 50 = _____ No. of each additional 50 or fraction thereof _____ (round up to a whole number) x Fee (\$) \$270/\$135 = Fee Paid (\$) _____

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): Petition for Three Month Extension of term \$555.00

SUBMITTED BY

| | | |
|-------------------|-----------------|---|
| Signature | | Telephone (603) 226-7490 |
| Name (Print/Type) | Jay S. Franklin | Registration No. (Atty/Agent) 54,105 Date: June 29, 2009 |



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Effective on 12/08/2004.

pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL For FY 2008

■ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT: \$ 691.00

METHOD OF PAYMENT (check all that apply)

■ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____

■ Deposit Account Deposit Account Number 04-0213 Deposit Account Name: DAVIS & BUJOLD, P.L.L.C.

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

- ☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, **except for the filing fee**
☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☐ Credit any overpayments

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| | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | |
| Utility | 330 | 165 | 540 | 270 | 220 | 110 | |
| Design | 220 | 110 | 100 | 50 | 140 | 70 | |
| Plant | 220 | 110 | 330 | 165 | 170 | 85 | |
| Reissue | 330 | 165 | 540 | 270 | 650 | 325 | |
| Provisional | 220 | 110 | 0 | 0 | 0 | 0 | |

2. EXCESS CLAIM FEES

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| Each claim over 20 (including Reissues) | 52 | 26 |
| Each independent claim over 3 (including Reissues) | 220 | 110 |
| Multiple dependent claims | 390 | 195 |

| Total Claims | Extra Claims | Fee (\$) | Fee Paid (\$) | Multiple Dependent Claims | Fee (\$) | Fee Paid (\$) |
|---------------|---------------|-----------|---------------|---------------------------|----------|---------------|
| 22 | -20 or HP = 1 | x \$26 = | \$26 | | | |
| Indep. Claims | Extra Claims | Fee (\$) | Fee Paid (\$) | | | |
| 5 | -3 or HP + 1 | x \$110 = | \$110 | | | |

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

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|--------------|--------------|---|-------------|---------------|
| -100 = | / 50 = | (round up to a whole number) x | \$270/\$135 | = |

4. OTHER FEE(S)

| Non-English Specification, | \$130 fee (no small entity discount) | Fees Paid (\$) |
|--------------------------------------|--|----------------|
| Other (e.g., late filing surcharge): | Petition for Three Month Extension of term | \$555.00 |

SUBMITTED BY

| | | |
|-------------------|-----------------|--------------------------------------|
| Signature | | Telephone (603) 226-7490 |
| Name (Print/Type) | Jay S. Franklin | Registration No. (Atty/Agent) 54,105 |
| | | Date: June 29, 2009 |